

Massachusetts Department of Public Health Immunization Program

Vaccine for Children Program (VFC)

William A. Hinton State Laboratory Institute

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For Healthier Lives



Adult Provider Enrollment Form 2012

Please type or print *neatly*

Vaccine Provider Site Number: ____

Name of Facility or Practice: _____

Mailing Address: _____

Shipping Address: (P.O. Boxes are not acceptable shipping addresses) _____

Street or PO Box _____

Street and Suite _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Telephone: _____

Shipping Contact: _____

Fax: _____

Shipping Hours: Monday: _____

Primary Information Contact (name): _____

Tuesday: _____

Primary Information Contact's E-mail #1: _____

Wednesday: _____

Secondary E-mail #2: _____

Thursday: _____

Medical Director's Name: _____

Friday: _____

Medical Director's License No: _____

Medical Director's E-mail: _____

Practice Type (please check only one)

☐ Assisted Living/Adult Day Care (26)

☐ Family Practice (14)

☐ OB/GYN (18)

☐ Board of Health/Health Dept (01)

☐ Home Health Agency (25)

☐ Pediatric Practice (15)

☐ College (Private) (20)

☐ Hospital (Private) (12)

☐ School (Private) (19)

☐ College (Public) (05)

☐ Hospital (Public) (02)

☐ School (Public) (04)

☐ Community Health Center (03)

☐ Internal Medicine (17)

☐ Specialty Practice (16)

☐ Correctional Facility (06)

☐ LTCF/Nursing Home/Rest Home (22)

☐ State Agency (07)

☐ Council On Aging (10)

☐ Multi-Specialty Center (27)

☐ VNA (08)

☐ Employee Health (24)

☐ Other (Specify) (09 pub/23 priv)

☐ Walk-In (21)

Agreement to Comply with Federal and State Requirements for Vaccine Administration

The Vaccines for Children (VFC) Program is a component of the Massachusetts Department of Public Health (MDPH) Immunization Program. To receive vaccine provided by the MDPH Immunization Program and VFC program, I, on behalf of myself and any and all practitioners associated with this medical office, group practice, HMO, health department, hospital, clinic, or other entity of which I am the medical director or equivalent, agree to:

1. Read and comply with the federal and state requirements for vaccine ordering, accountability, management and administration as outlined in the enclosed *Guidelines for Compliance with Federal Vaccine Administration Requirements*.
2. Ensure all communications from MDPH regarding immunizations or vaccine preventable diseases are disseminated to all relevant staff within the facility.
3. Administer state-supplied vaccine only to those children and adults determined eligible as defined in the most recent version of the *Childhood Vaccine Availability Table*, the *Adult Vaccine Availability Table* and the *Summary of the Advisory Committee on Immunization Practices Recommended Groups for Vaccination*. (See Section A-1 of the *Guidelines for Compliance with Federal Vaccine Administration Requirements*)
4. Use the Vaccines for Children (VFC) Program eligibility screening form provided to me by the MDPH Immunization Program to determine how many children in my practice are eligible for VFC vaccine. Children less than 19 years of age in the following categories are eligible for VFC vaccine: (a) enrolled in Medicaid, or (b) without health insurance, or (c) American Indian (Native American) or Alaska Native or (d) underinsured children seen at federally qualified health centers (FQHC) and rural health centers (RHC). Please note, children enrolled in sCHIP or the Children's Medical Security Plan (CMSP) are also covered with state funds. (See Sections A-2, A-3 of the *Guidelines for Compliance with Federal Vaccine Administration Requirements*)
5. Properly use VFC vaccine as required by Medicaid regulation 42 CFR §455.15. Improper use of VFC vaccine may constitute fraud and abuse and is punishable by law. VFC vaccines will be kept separate from privately purchased vaccines. (See Section A-5 of the *Guidelines for Compliance with Federal Vaccine Administration Requirements*)
6. Provide restitution for any doses of federal or state-purchased vaccines that have been wasted due to the provider's failure to properly receive, store, or use vaccines. Restitution would require the provider to privately purchase replacement doses for the vaccines that were wasted. For a list of examples see Section A-5, A-6 of the *Guidelines for Compliance with Federal Vaccine Administration Requirement*).
7. Follow the manufacturer's specifications and the guidelines established by the MDPH Immunization Program for the storage and handling of vaccines, including having written procedures for vaccine management that will be regularly maintained and updated. (See Section B of the *Guidelines for Compliance with Federal Vaccine Administration Requirements*)
8. Maintain all records related to the VFC Program for at least a period of 3 years. These records include the authorized representative's response about a child's eligibility, temperature logs, and receipt of all state provided vaccines. Release of such records will be bound by the privacy protection of Federal Medicaid law. If requested, I will make such records available to the MDPH Immunization Program or the federal Department of Health and Human Services (DHHS). (See Section B of the *Guidelines for Compliance with Federal Vaccine Administration Requirements*)
9. Accurately complete MDPH's vaccine order forms and usage reports, including a complete physical inventory, and include a current temperature log when submitting vaccine orders. (See Section B-5, B-6 of the *Guidelines for Compliance with Federal Vaccine Administration Requirements*)
10. Not impose a charge or bill third party payers for the cost of state-supplied vaccine. VFC vaccine will not be given to non-VFC eligible children. (See Section C-1 of the *Guidelines for Compliance with Federal Vaccine Administration Requirements*)
11. Not impose a charge for the administration of the vaccine to the non-Medicaid (uninsured, underinsured or who are American Indian or Alaskan Native) VFC-eligible child in any amount higher than the maximum fee of \$15.78/dose established by DHHS. For Medicaid VFC-eligible children, accept the reimbursement for vaccine administration set by the Massachusetts Medicaid agency or the contracted Medicaid health plans. Providers may bill administration fees to third party payers in accordance with the terms of their contracts. (See Section C-2 of the *Guidelines for Compliance with Federal Vaccine Administration Requirements*)

12. Not deny state-supplied vaccine to an established patient due to the inability of the child's parent/guardian/individual of record to pay the administration fee. "Established patient" applies only to private providers. FQHCs must administer state-supplied vaccine to any VFC-eligible child who presents for immunization services at their facility. (See Section C-2 of the *Guidelines for Compliance with Federal Vaccine Administration Requirements*)
13. Provide the most current Vaccine Information Statements (VIS) each time a vaccine is administered and maintain records in accordance with the National Childhood Vaccine Injury Act. (See Section D of the *Guidelines for Compliance with Federal Vaccine Administration Requirements*) This includes reporting clinically significant adverse events to the Vaccine Adverse Event Reporting Systems (VAERS). (See Section F of the *Guidelines for Compliance with Federal Vaccine Administration Requirements*)
14. Properly document vaccine administration information on the permanent medical record of the recipient and maintain the documentation according to the regulations of the Commonwealth of Massachusetts. (See Section E of the *Guidelines for Compliance with Federal Vaccine Administration Requirements*)
15. Understand and agree that MDPH Immunization Program staff are required to make an initial educational site visit when enrolling in the VFC Program for the first time. (See Section G-3 of the *Guidelines for Compliance with Federal Vaccine Administration Requirements*) MDPH Immunization Program staff are also required to conduct site visits, at least biannually, to ensure compliance with VFC and other federal requirements in accordance with MDPH guidelines, and provide educational follow-up to address any problems in accordance with CDC fraud/abuse guidelines. (See Section H of the *Guidelines for Compliance with Federal Vaccine Administration Requirements*)
16. Comply with the appropriate immunization schedule, dosage, and contraindications that are established by the Department of Health and Human Services' Advisory Committee on Immunization Practices (ACIP), unless (a) in making a medical judgment in accordance with accepted medical practice, I deem such compliance to be medically inappropriate or (b) the particular requirement is not in compliance with Massachusetts law, including laws relating to religious or other exemptions.¹ (See Section G of the *Guidelines for Compliance with Federal Vaccine Administration Requirements*)
17. Provide, with this agreement, a list of all physicians, physician assistants, nurse practitioners and nurse-midwives at this facility who prescribe vaccines, along with their medical license numbers and Medicaid numbers, where applicable. (See Section G-2 of the *Guidelines for Compliance with Federal Vaccine Administration Requirements*)
18. I or the Commonwealth may terminate this agreement at any time for personal reasons or failure to comply with these requirements. If I choose to terminate the agreement, I agree to properly return any unused vaccine.

Medical Director statement: I certify that I have read and agree to the requirements listed above pertaining to participation in the MDPH Immunization Program. Medical director must also Initial all pages except for page 3

Medical Director's signature: _____

Vaccine Provider Site Number: _____ Date: ____/____/____

This record is to be submitted to and kept on file at the Massachusetts Department of Public Health and must be updated annually.

¹ The ACIP immunization schedule is compatible with the AAP and AAFP recommendations.

Provider List

List below all physicians, physician assistants, nurse practitioners and nurse-midwives who prescribe vaccines in your practice.

[illegible]

Attach additional sheets if necessary.